

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2015 - 74 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Joseph Daniels

Address:

124 Cosco Bay Road
Limo SC 291063

Telephone:

803 404 9673

Fax:

803-233-9553

Other:

Email:

benedict381@hotmail

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☒ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

RECEIVED
FEB 10 2015
PSC-SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

[Handwritten signature]

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 2/2/2015

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

~~Joseph Daniels - dra~~

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

D&D None Emergency transportation LLC
124 Casco Bay Road Irmo SC 29063
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-404-9673 803-233-9553
Phone Fax
benedict381@hotmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month 2 Year 2015

Assets:

Cash	
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	(2) Vehicle \$6000.00
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
Total Assets *	6000.00
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity *	

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

2.00 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|--|--|--|
| <input checked="" type="checkbox"/> Abbeville | <input checked="" type="checkbox"/> Cherokee | <input checked="" type="checkbox"/> Florence | <input checked="" type="checkbox"/> Lee | <input checked="" type="checkbox"/> Saluda |
| <input checked="" type="checkbox"/> Aiken | <input checked="" type="checkbox"/> Chester | <input checked="" type="checkbox"/> Georgetown | <input checked="" type="checkbox"/> Lexington | <input checked="" type="checkbox"/> Spartanburg |
| <input checked="" type="checkbox"/> Allendale | <input checked="" type="checkbox"/> Chesterfield | <input checked="" type="checkbox"/> Greenville | <input checked="" type="checkbox"/> Marion | <input checked="" type="checkbox"/> Sumter |
| <input checked="" type="checkbox"/> Anderson | <input checked="" type="checkbox"/> Clarendon | <input checked="" type="checkbox"/> Greenwood | <input checked="" type="checkbox"/> Marlboro | <input checked="" type="checkbox"/> Union |
| <input checked="" type="checkbox"/> Bamberg | <input checked="" type="checkbox"/> Colleton | <input checked="" type="checkbox"/> Hampton | <input checked="" type="checkbox"/> McCormick | <input checked="" type="checkbox"/> Williamsburg |
| <input checked="" type="checkbox"/> Barnwell | <input checked="" type="checkbox"/> Darlington | <input checked="" type="checkbox"/> Horry | <input checked="" type="checkbox"/> Newberry | <input checked="" type="checkbox"/> York |
| <input checked="" type="checkbox"/> Beaufort | <input checked="" type="checkbox"/> Dillon | <input checked="" type="checkbox"/> Jasper | <input checked="" type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input checked="" type="checkbox"/> Dorchester | <input checked="" type="checkbox"/> Kershaw | <input checked="" type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input checked="" type="checkbox"/> Calhoun | <input checked="" type="checkbox"/> Edgefield | <input checked="" type="checkbox"/> Lancaster | <input checked="" type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input checked="" type="checkbox"/> Fairfield | <input checked="" type="checkbox"/> Laurens | <input checked="" type="checkbox"/> Richland | |

D.C. D None Emergency *

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Impair/Cherry	2007	1GNDV23W47D28310		

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and a license has been issued by the FSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

D&D NonEmergency Transportation LLC

Name of Applicant

124 Casco Bay Rd. Irm, SC 29063

Address of Applicant

Amount of Premium:

Liability Insurance \$ 9,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following.

Limits Quoted

Liability Combined Each Occurrence	\$ 100,000	100,000
Medical Payments per Person	\$ 1,000	1,000

American Service Insurance

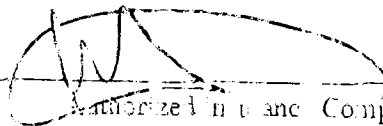
Name of Insurance Company

150 Northwest Point Blvd, Elk Grove Village, IL 60007

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2/6/15
Date



Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter of credit with the WCC for a minimum of \$500,000, 2) agree to pay your yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance

Exhibit Fit, Willing, and Able (FWA)

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☒ Yes ☐ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211


Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

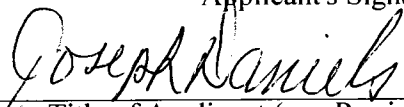
S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

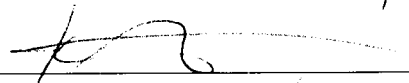
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature


Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Lexington)

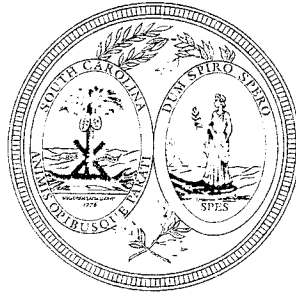
SWORN TO BEFORE ME
This 19 day of February, 2015


Notary Public

Commission Expires 9/24/15

Kenya B Stroman
Notary Public - South Carolina
My Commission Expires September 26, 2015

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

D&D NONE EMERGENCY TRANSPORTATION LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 28th, 2015, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
28th day of January, 2015.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State